



2873

TRANSMITTAL OF FORMAL DRAWINGS

Docket No.
4052-7414

In Re Application Of:

Streibig

13 formal drawings
drawn by
H-2-0

Serial No.	Filing Date	Batch No.	Examiner	Art Unit
09/821,620	March 29, 2001		SCHWARTZ, Jordan	2873

Invention:

COLORED CONTACT LENS AND METHOD OF MAKING SAME

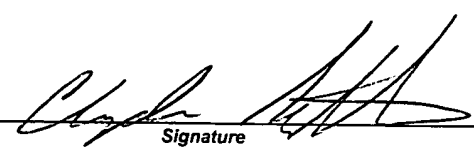
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Transmitted herewith are:

6 sheets of formal drawing(s) for this application.

Each sheet of drawing indicates the identifying indicia suggested in 37 CFR Section 1.84(c) centered within the top margin of the drawing.


Signature

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Dated: November 18, 2002


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/821,620	
	Filing Date	March 29, 2001	
	First Named Inventor	Streibig	
	Group Art Unit	2873	
	Examiner Name	SCHWARTZ, Jordan	
Total Number of Pages in This Submission	8	Attorney Docket No.	4052-7414

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<input type="checkbox"/> Charge Deposit Account -20-0823 <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Copy of Drawing(s) (6 pages formal) (Originals sent to Official Draftsperson) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s): Postcard
Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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